

**Pain Management Committee
DRAFT Priorities & Recommendations**

Opening Statement:

Definition of interventions to manage pain (from below)?

Cultural sensitivity- Adapt statement from Last Acts website:

"All individuals' life experiences contribute greatly to the complexity and uniqueness of the end-of-life issues that we all face. These experiences, as much as anything, shape our desires and beliefs about health, illness, death and dying. The Diversity Committee advocates recognition, acceptance and support of its recommendations concerning individuals' experiences with race; historical oppression; war and its aftermath; cultural, religious and spiritual practices; affectional orientation; discrimination and poverty. The true meaning of diversity (especially as it affects the end of life) is as much about these unique, view-shaping experiences as about the narrower, yet more common concept that focuses on ethnicity or religion."

Professional Education & Training:

- Nursing and Medical students should receive both didactic and clinical application to pain management.
 - Clinical rotation modules
- Residents should be required to view the Board of Physician Quality Assurance (BPQA) video, "A Sense of Balance," before receiving licensure.
 - A Sense of Balance, is a videotape presentation on drugs, chronic pain, and related subjects including appropriate prescribing of controlled drugs, over prescribing, the addicted physician and identifying the drug seeking patient. This video presents the position of the Maryland Medical Board as well as that of the Federation of State Medical Boards on prescribing to patients with pain.
 - This video should be digitally transferred to the web for ease and increased access.

Caveats to this recommendation:

- But, keep in mind that not everyone's Internet connection is satisfactory for viewing video presentations.
- All new Maryland medical licensees are already required to go through the BPQA orientation program some time during the first two years they are licensed to practice medicine in Maryland. The video may already be a part of that orientation. If not, it should be. That's less intrusive than making them watch the video before starting in practice since they may be coming from distant states, and it may delay licensure to make them watch the video before receiving their license.
- Educate licensing Boards for Maryland health care providers regarding pain management. This includes, but is not limited to the Board of Physician Quality Assurance, the Board of Nursing, and the **Pharmacy Board (formal name for this?)**. Each board should develop a statement about the practice's role in pain assessment and management, including minimum competencies and education requirements. Providers should be required to view the statement prior to licensing. Thus, the statement should be made available through the

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web in a user-friendly format. Licensing Boards should also be encouraged to treat transgressions of untreated or under-treated pain with the same care as over-treatment.

In addition, all healthcare providers (including, but not limited to, physicians, nurses, and pharmacists) should be required to have earned continuing education credits in the area of pain assessment and management before re-certification is issued. **(I believe we actually decided to strike this last requirement in the 7/29 meeting but wasn't sure)**

- Practicing physicians/specialists should be offered a discount on malpractice insurance for continuing education in the area of pain assessment and management.
- Educate healthcare provider institutions about current and new legislation.

Perhaps change to:

All educational initiatives targeting providers or institutions regarding pain assessment and management should contain information regarding relevant policy and new legislation. Targets for this comprehensive education regarding pain assessment and management include: hospitals and other provider institutions, Ethics Committees, nursing home administrators and Ombudsmen, State surveyors of nursing homes, Medicaid assessors, and the Inspector General. In addition, statewide professional organizations should be encouraged to provide professional education about pain and its assessment and management.

Regulatory/ Insurance/ Policy:

- Modify State regulations to facilitate availability and prescribing of pain medications.
Needs refinement
- Reduce barriers to access to prescription pain drugs among low-income patients:
 - Barrier 1: Requirement of prior authorizations for certain drugs, particularly in the Medicaid system. Solution: Convene an independent council to review and determine prior authorization status of drugs used in pain management.
 - Barrier 2: Significant cost. Solution: Extend assistance for payment for pain medications for financially compromised at X% above poverty levels.
- Seek a mandated Pain Assessment and Management benefit for insurance companies who provide insurance in Maryland. This benefit would allow for referral to a pain specialist for pain assessment, treatment, and follow-up, including management of side-effects. This benefit can be mandated via the Insurance Commission or legislation.
- Nursing homes not accredited by JCAHO should be held to similar standards by the State licensing agency (this is the Office of Health Care Quality) for pain assessment and management.
- Therapeutic interventions to manage pain including pharmacologic (long and short acting analgesics & adjuvants), and non-pharmacologic and interventroval procedures (i.e.:

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strontium, pamidronate, temporary & permanent blocks, etc.). **Is this an overall definition that should be referenced at the beginning?**

Patient Education:

- Partner with organizations such as the Maryland Pain Initiative, the American Pain Foundation, and the American Chronic Pain Association to conduct a comprehensive, statewide, and culturally sensitive educational media campaign to promote pain assessment and Management. The message should focus on the patient's right to adequate pain management And responsibilities in the process, dispelling the myths about pain medications, that options Exist for pain management, and calling for patients to communicate with their health care provider about pain.
- Promote outreach to consumer/patient groups focused on pain.
- Develop an informed consent tool that clearly outlines the patient's rights and responsibilities in the treatment of pain.

Pain Assessment:

- Promote the use of standardized, valid, and reliable assessment tools for pain assessment. In assessing pain, the intensity of the symptom should be monitored as well as the effect of the pain on the patient's function.

Conclusion:

Whereas cancer pain consists of acute and chronic pain and the barriers to adequate assessment and management of cancer pain do not differ from pain management in non-malignant conditions, and the overarching principles of assessment and management are similar, we encourage that the recommendations in this document be extended to the management of acute and chronic pain associated with non-malignant conditions.

Additional Categories to consider:

1. Alternative Therapies
2. Advanced Directives
3. Patient adherence and reasons for non-compliance

Items mentioned or discussed in 8/12/02 meeting that need further attention:

1. Using California laws as the model; more research needed into current MD regulations
2. Decision needed regarding the contact for cases of uncontrolled pain, and if this should be part of the recommendation for public education or left as-is (statement that licensing boards should discipline cases of under-treatment as much as over-treatment)
3. Encouraging the establishment of multidisciplinary pain centers and adopting standards to be considered a specialist, pain center, etc.
4. Including language in the Provider Education section re: untreated pain slows healing